

TOWN OF WARRENTON, VIRGINIA

18 Court Street, P.O. Drawer 341

Warrenton, VA 20188-0341

(540) 347-2405

APPLICATION FOR BUILDING PERMIT

NO. _____

Application is hereby made for a zoning permit in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all Town and State Laws and Ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit. The permit is valid for six (6) months from date of issuance. If not renewed prior to expiration, this permit is null and void.

FILL OUT COMPLETELY – INCOMPLETE APPLICATIONS *WILL NOT* BE PROCESSED

Record Owner as shown on deed:

Name: _____ Phone(Day): _____

Owner Mailing Address: _____

PIN #: _____ Zoning District: _____ Subdivision: _____ Lot No.: _____

Subject Property Street Address: _____

Acres: _____ Street Frontage: _____ Existing Structures(Number & Type): _____

Dimensions: Finished Area: _____ square feet, Unfinished Area: _____ square feet

Height of Structure: _____ feet Cost of Construction: \$ _____

TYPE OF IMPROVEMENT:

☐ New Building
☐ Addition
☐ Alteration, Repair
☐ Demolition
☐ Moving(relocation)
☐ Foundation/Footing Only
☐ Electrical
☐ Temporary Electrical
☐ Mechanical
☐ Plumbing
☐ Swimming Pool
☐ Change of Use
☐ Other, Specify Below

PROPOSED USE:

<input type="checkbox"/> One Family, # of Bedrooms _____	<input type="checkbox"/> Church
<input type="checkbox"/> Two or more Family, # of Bedrooms _____	<input type="checkbox"/> Industrial
<input type="checkbox"/> Transient Hotel, Motel, or Dormitory	<input type="checkbox"/> Service Station
<input type="checkbox"/> _____ # Units	<input type="checkbox"/> Hospital, Institutional
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Office, Bank
<input type="checkbox"/> Apartment	<input type="checkbox"/> Public Utility
<input type="checkbox"/> Modular/Industrialized Home, # Bedrooms _____	<input type="checkbox"/> School, Library, Educational
<input type="checkbox"/> Manufactured (Mobile) Home, # Bedrooms _____	<input type="checkbox"/> Retail Store
<input type="checkbox"/> Garage, Carport	<input type="checkbox"/> Tank, Tower
<input type="checkbox"/> Pond	<input type="checkbox"/> Deck
<input type="checkbox"/> Amusement, Recreational	<input type="checkbox"/> Other, Specify Below
<input type="checkbox"/> Sign	
<input type="checkbox"/> Fence	

DESCRIBE IN DETAIL PROPOSED WORK BEING DONE:

Note: If use of building is being changed or if joint use is being added, enter all new proposed use(s) and also define existing use(s).

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws ordinances governing the above proposed work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other statement, local, or state law regulating construction or performance of construction.

Signature _____ Date _____ Print Name _____ Daytime Phone # _____

Relationship: ☐ Owner ☐ Agent **NOTE: If agent complete affidavit on the back of this application.****ZONING CERTIFICATION:** _____ **OFFICE USE ONLY**

Name

Date

☐ Approved: _____☐ Disapproved: _____

CONTRACTOR INFORMATION

Permit # _____

Building Contractor

Name: _____

Address: _____

Electrical Contractor

Name: _____

Address: _____

Daytime Phone Number: _____

Plumbing Contractor

Name: _____

Address: _____

Daytime Phone Number: _____

Mechanical Contractor

Name: _____

Address: _____

Daytime Phone Number: _____

Contractors License & Certification Information

License Type: Class A ____ Class B ____ Class C ____

License Number: _____

Daytime Phone Number: _____

License Expiration Date: _____

License Type: Class A ____ Class B ____ Class C ____

License Number: _____

Tradesman Certificate #: _____

License Expiration Date: _____

License Type: Class A ____ Class B ____ Class C ____

License Number: _____

Tradesman Certificate #: _____

License Expiration Date: _____

License Type: Class A ____ Class B ____ Class C ____

License Number: _____

Tradesman Certificate #: _____

License Expiration Date: _____

NOTE:

This document contains information concerning the Virginia contractor's licensing and tradesman certification laws. Please read carefully before signing.

As owner or agent, I affirm that I am obtaining a permit for work in the Town of Warrenton at the tract or parcel of land identified in the permit application, that I have applied to erect a structure on said land, repair or improve an existing structure on said land, construct a driveway, etc., the total fair market value of which will be One Thousand Dollars (\$1,000.00) or more; that I am aware of provisions of Title 54, Chapter 11, Code of Virginia, that requires a contractor to be properly licensed and duly issued a license from the State Board of Contractors before he/she may bid or undertake a job of \$1,000.00 or more; that I am familiar with the responsibilities of the contractor or awarding authority specified in Section 54.1-1115 of the code which prohibits any contractor or awarding authority from considering bids, awarding contracts, or doing work, the total value of which \$1,000.00 or more; to or by any contractor not properly licensed under the provision of the Code; and that to do so would constitute the commission of a misdemeanor. I further certify that if I am seeking the exemption from complying with the requirements of Title 54, Chapter 11 of the Code of Virginia, that I have not supervised or performed construction, removal, repair or improvement of any other building for retail use, commercial use or residential use on property owned by my in the 24 months preceding the date I sign this document.

I further certify that I am aware of the provisions of Title 54, Chapter 11 of the Code of Virginia which requires a tradesman to be properly certified and duly issued a certificate from the State Board of Contractors before he/she may engage in, or offer to engage in, work for the general public for compensation on the trades of electrical, plumbing, heating, ventilation, air-conditioning and gas fitting.

SELECTED CHARACTERISTICS OF BUILDING – Residential and Nonresidential

Heating/Cooling System	Electrical Service
<input type="checkbox"/> Gas <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Central Air <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Electric Furnace	Power Company _____ Job Number _____ Amps _____

Dimensions:

Nonresidential – Commercial _____ sq. ft.	
Residential - <i>Finished Area</i> *	Residential – <i>Unfinished Area</i> *
1 st Floor _____ sq. ft.	Unfinished Basement _____ sq. ft.
2 nd Floor _____ sq. ft.	Garage _____ sq. ft.
3 rd Floor _____ sq. ft.	Carport _____ sq. ft.
Finished Basement _____ sq. ft.	Porch/Deck _____ sq. ft.
	Other(s) [i.e., pool, etc] _____ sq. ft.
Total Finished Area _____ sq. ft.	Total Unfinished Area _____ sq. ft.

* The total finished and unfinished area dimensions that you specify on this page must match (1) those specified on the first page of this application and (2) those specified on the building plans. The area specified shall be calculated from the outside dimensions of the structure.

FOR OFFICIAL USE ONLY

Construction Classification

_____ Use Group
 _____ Construction Type
 IBC _____ IRC _____ USBC _____

Validation

Issue Date _____
 Receipt Number _____

Fees

Building Fees		Mechanical Fees	
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	Electrical	
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____

Fees

Plumbing Fees	Certificate of Occupancy
# _____	# _____
\$ _____	\$ _____
# _____	Temp. Cert. of Occupancy
\$ _____	# _____
# _____	\$ _____
\$ _____	Photocopies
Water/Sewer	# _____
# _____	\$ _____
\$ _____	# _____
\$ _____	Plan Review
Administrative	# _____
# _____	\$ _____
\$ _____	# _____
\$ _____	\$ _____
Virginia Fee Levy	# _____
	\$ _____

Tap Fees

Zoning Fees

# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____
# _____	\$ _____	# _____	\$ _____

Total Building Permit Fees \$ _____

Prepared By: _____

Reviewed By: _____

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AFFIDAVIT

I hereby certify that the proposed work is authorized by the owner of record of the property identified on the front of this application and I have been authorized by the owner to make this application as his authorized agent.

Please print your name: _____

Signature of Agent: _____

Address: _____

Phone Number: _____